

## The Thoracic Society of Australia and New Zealand response to the National Medicines Policy Review

---

*The Society operates in compliance the Medicines Code of Australia. Please see  
the TSANZ Sponsorship Policy for more information.*

---

### Introduction

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure, and relieve disability caused by lung disease. TSANZ is the only Peak Body in Australia that represents all health professionals working in all fields of respiratory health.

The TSANZ has a membership base of over 1800 individual members from a wide range of health and research disciplines. The TSANZ is a leading provider of evidence-based guidelines for the treatment of respiratory disease in Australia and New Zealand and undertakes a large amount of professional education and training. The TSANZ is also responsible for significant research administration and coordinates an accredited respiratory laboratory program.

As the leaders in lung health, we promote the:

- highest quality and standards of patient care
- development and application of knowledge about respiratory health and disease
- highest quality air standards including a tobacco smoke free society and effective regulation of novel nicotine delivery systems
- collaboration between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community
- professional and collegiate needs of the Membership

The TSANZ are grateful for the invitation to contribute to the revision of the National Medicines Policy. The Policy is a long overdue opportunity to influence the overarching principles of Australia's health system and consider how we can incorporate future developments. We will continue to advocate through evidence-based practice and policy to improve respiratory health for all.

## Consultation Topics

The Department of Health has requested feedback to the following topics:

- the five **principles** and four central **objectives**
- the definition of medicines and whether the NMP needs to be expanded to include health technologies
- the NMP's utility in the context of rapidly evolving treatment options, population changes, interconnected relationships, and system-wide capacities
- the centrality of the consumer within the NMP and whether it captures the diversity of consumers' needs and expectations
- the NMP's governance; communications, implementation (including enablers) and evaluation
- the NMP's partners and what building greater accountability would look like

### Terms of Reference 1. Comments on the Principles and Objectives

*Are the proposed principles appropriate? With regard to the proposed principles, is anything missing or needing to change?*

The Thoracic Society of Australia and New Zealand is supportive of the proposed principles and has provided detailed comments below.

#### **Equity**

Individuals and communities of culturally and linguistically diverse backgrounds and those in lower socioeconomic groups experience an increased proportion of health burden from respiratory conditions. Health Policy should consider the inequities that exist across Australia and provide equitable access to healthcare for all. The TSANZ are supportive of the inclusion of Australians from all socioeconomic and cultural backgrounds to ensure they are enabled to contribute and are supported to make the best possible decisions about their health.

Aboriginal people are disproportionately affected by many different types of illness and the gap in health outcomes is significant. The Aboriginal population remains vulnerable with one-third of Aboriginal people having a respiratory condition and asthma is now nearly twice as common for Aboriginal people than for non-Indigenous people. It is paramount that Aboriginal and Torres Strait Islander Health is considered within this principle.

Health information and services should be accessible by people regardless of background; with the rising popularity of telehealth due to the COVID-19 pandemic, action is needed to ensure people of low socioeconomic and/or cultural and linguistically diverse backgrounds are able to consult with doctors and other health professionals to obtain the medicines they require. Action taken must not only aim to close the health gap of these populations but be culturally sensitive in its development and delivery.

#### **Consumer centred approach**

It is important that consumers remain at the centre of future healthcare decisions. Australia's population has changed over the last 20 years; life expectancy from birth is increasing, and with that has come an increase in chronic health conditions such as cancer, with lung cancer as Australia's

A member of

leading cause of cancer death. An increase in urbanisation in Australia has meant more people are exposed to air pollutants, which contributes to development of chronic lung diseases like asthma and COPD. Chronic respiratory disease already affects 31% of all Australians. This is likely to increase in future years with an aging population, unforeseen natural disasters, pandemics, non-communicable diseases like silicosis, asthma and cystic fibrosis, lung cancer and COPD, and use of tobacco and liquid nicotine products.

The Australian Government's National Strategic Action Plan for Lung Conditions outlines critical areas for research and monitoring and will inform policy makers. This document rightly focuses on raising awareness of the symptoms of lung conditions within the consumer and health provider setting to enhance early diagnosis and treatment.

As Australia continues to grow, it is important that Australia's National Medicines Policy evolves with the changing population by allowing them to engage and be empowered to contribute to development of Australia's healthy future.

*Are these four Objectives still relevant? Should any be modified, or any additional objectives be considered? If so, how and why?*

The TSANZ are supportive of the four objectives listed above and have listed detailed comments below.

### **Access to Medicines**

The TSANZ believe that medicines should be affordable for all end-users. The principles must address the cost of medicines for consumers and government. Out-of-pocket consumer costs remains a barrier to accessing both medicine and healthcare. Equitable access to medicines across Australia should be captured in this objective. The cost of medicines for reimbursement by the PBS can also create a barrier for listing of these products, which may place proven therapies out of reach for patients, especially those with rarer diseases. An example of this is seen in the number of patients with CF currently are not receiving lifesaving new modulator treatments currently available in over 19 other countries in the world as these negotiations are held up in the PBAC review process. The government needs to work closely with industry and academics to discover a better way of managing this cost. The whole development pathway should be considered so that the outcome – access to medicines for Australians – is more fairly and more easily achieved in the future.

### **Quality, safety, and efficacy of medicines**

The statement that “quality, safety and efficacy should be equal to that of other countries” does not allow us to be leaders in these fields, limiting Australians to only following international standards. The TSANZ believe that Australia is in a position to set the standard globally; this section should be reworded to reflect that.

An example of this can be found in Australia's approach to nicotine and tobacco regulations. Australia has led the world in implementing tobacco control measures including substantial increases in excise on tobacco products; education programmes; bans on smoking in indoor and, increasingly, outdoor public places; plain packaging of tobacco products; bans on retail displays of tobacco products; labelling with updated and larger graphic health warnings; prohibiting tobacco advertising, promotion and sponsorship; and providing support for smokers to quit including subsidized nicotine replacement therapy. However, the recent TGA TGO 110 – Standard for Vaporiser Nicotine has provided a framework to use a product which has not been through the

A member of

regulatory therapeutics process and are not listed on the ARTG. The evidence of their effectiveness as cessation products is not yet established and the plethora of products on the market makes it virtually impossible to translate trial outcomes to all ANDS products. Yet, the Department of Health directed the TGA to regulate these products as a prescription-only product. TSANZ appreciates this approach may assist in limiting access to e-cigarettes but nicotine and non-nicotine e-cigarettes require further scrutinization. The NMP principles must plan for situations like this to ensure Australia remains a world leader in therapeutics control.

### **Quality use of medicines**

This objective must be applied across the health system. The TSANZ notes as an example that under current policy, non-hospital linked respiratory physicians do not have the same prescribing rights for biologics as hospital-linked respiratory physicians, or dermatologists and immunologists. A tiered system has been put in place which does not support an efficient and quality use of medicines and we urge the Committee to consider situations like this when designing this principle. Streamlining the system for medication use should ensure consistency for all physicians, regardless of their specialty or place of employment. This objective will improve Australia's ability to respond to disease, specifically respiratory illness.

### **Maintaining a responsible and viable medicines industry**

The TSANZ are supportive of this objective. The TSANZ note Australia's medicines supply as a major challenge. Shortages of medicines and health resources are a critical factor in determining the pricing and access of medicines to patients and a shortage can have serious health and safety effects. The COVID-19 pandemic has highlighted our reliance on the global supply chain. When observing Australia's COVID-19 vaccination rollout it is clear that supply chains are vulnerable due to the global consolidation of the medicines industry. Australia needs to rethink its onshore technology capability. We must continue to support and grow our own technology and manufacturing sector so that we can protect the health interests of Australia and our neighbours. An approach to maintaining a responsible and viable medicines industry must look at adjacent industries and knowledge pipelines to ensure they are supportive.

Terms of Reference 2. Comments on the definition of medicines and whether the NMP needs to be expanded to include health technologies

*Should the current NMP definition of medicines be expanded to include medical devices and vaccines? Why or why not? How would a change in definition of medicines be reflected in the policy's high-level framework?*

The NMP should be expanded to include health technologies, such as medical devices, vaccines, and digital health. The next NMP principles which encompass all current and future health technologies will promote forward thinking and development of quality systems and frameworks.

*Does the policy's current title, the "National Medicines Policy", reflect the breadth of health technology developments within the policy's scope? If not, how best can these and future health technologies be better represented in the policy's title?*

A suggestion: *National Therapeutics Policy*

Terms of Reference 3. Comments on the NMP's utility in the context of rapidly evolving treatment options, population changes, interconnected relationships and system-wide capacities

*How has the NMP been able to maintain its relevance and respond to the changes in the health landscape?*

No comment.

How could the NMP be refreshed so that the policy framework is able to better address current and future changes in the health landscape? What is missing and what needs to be added to the policy framework, and why?

The TSANZ supports what the issues raised in the NMP Review document. We suggest the Committee develop a policy framework which is flexible and responsive to unforeseen changes as the health landscape evolves.

Terms of Reference 4 Comments on the centrality of the consumer within the NMP

*How can the NMP's focus on consumer centrality and engagement be strengthened? Is anything missing, and what needs to change?*

The TSANZ highlights the importance of consumers and their relationship with industry and professionals in the delivery of healthcare. Consumers access to information via digital means has vastly improved over the last 20 years since the NMP was first developed. All consumers of healthcare can expect to be more involved and informed regarding their own health. Australians have come to expect to receive high-quality, safe, and effective healthcare that is tailored to their individual needs. The costs of healthcare can be varied and while for some, the out-of-pocket costs are feasible, for many they create a barrier to accessing appropriate services.

With this increased access to information comes an increased exposure to advertising and misinformation. Government provided health literacy should be made more available, especially to vulnerable populations such as the elderly, Indigenous, or those from low socioeconomic or culturally and linguistically diverse backgrounds. Enabling consumers to make informed decisions regarding their health is of upmost importance and should be explicitly mentioned in the National Medicines Policy.

Consumer driven research should also be supported by the overarching principle of *centricity of the consumer* as research will continue to influence healthcare. Consumers should have their contributions driving research to ensure that the outcome can be successfully implemented and accessed. The cycle of healthcare development should emphasise identifying lived experiences, values and priorities of consumers, carers and clinicians (all end-users).

## Terms of Reference 5: Comments on the NMP's governance, communications, implementation (including enablers) and evaluation

*What opportunities are there to strengthen governance arrangements for the NMP? What would these be, and why?*

Up-to-date legislation and regulatory frameworks are required to support the increasing complexity of therapeutic interventions and devices are essential for the health of the public. There should be a mechanism to revise and update the NMP when required as emerging technology delivers new therapeutics which need to be incorporated. The NMP must be reviewed at a more frequent rate and at a minimum of every 5 years to ensure that the policy is able to maintain relevance and respond to changes in the health landscape.

*How can communication about the NMP be enhanced or improved?*

Accessible and timely communication with all end-users, regarding and updates, reviews, or changes would support understanding and use of the NMP by all stakeholders. Periodic communiques unpacking the implications and interpretations of the principles would be useful for some stakeholders, particularly decision makers and policy creators. Consultations over changes to the NMP must be of sufficient duration so that all stakeholders can conduct their own consultative processes in order to return informed responses.

*What would be effective mechanisms to support communication about the policy?*

The TSANZ recognises the importance of community engagement in understanding and affecting personal and public health. TSANZ suggests the Department engages with the relevant groups when determining how they will craft communications.

Where possible, public education and training should be available and provided to individuals who are in a position to disseminate information to their teams to generate a health-conscious population. A critical setting for communication is the workplace. Workplaces require unique and specific messages. Of key importance, they also provide an environment where individuals can be accessed and educated and then go on to share their knowledge to improve the outcomes for their communities.

## Terms of Reference 6. Comments on the NMP's partners

*How should the NMP's 'partnership-based' approach be defined?*

A multi-sector collaboration is important in informing policy to improve health and wellbeing outcomes. Partnerships to inform the NMP should involve all stakeholders, including healthcare workers, community, consumers and carers, industry, and state and federal government.

*What is missing from the policy's reference to the NMP partners? Are there other partners that should be included in the policy? Who would they be and why?*

We have not identified any missing partners from TOR6.

*How could the NMP be refreshed to support greater accountability amongst the NMP partners? How could the partnership approach be improved?*

A transparent and regular approach to reporting on agreed roles and responsibilities would assist in an accountability framework.

*How are conflicts of interest currently managed and should more be done to address this amongst the NMP partners? What approaches could be taken?*

Given the interplay of stakeholders involved in the NMP, as well as funding from a variety of sources, it is inevitable that material personal interests exist and likely that conflicts of interest will occur. The NMP requires robust conflict of interest (COI) management at all levels of consultation and decision making. We suggest an independent committee is formed to develop and maintain this aspect.

## Concluding Remarks

The National Medicines Policy is a key opportunity to shape Australia's future.

The Thoracic Society of Australia and New Zealand is fully committed to the optimal lung health of all Australians. The respiratory sector faces a disproportionate burden of disease versus resource investment, and this will have a substantial impact on service delivery and innovation. There is already an established evidence base on best practice for lung health and it critical we continue to implementation this knowledge and modernise healthcare in Australia. The NMP has the potential to influence long term health benefits for all Australians, and result in significant financial savings. Australia cannot afford to hesitate in progressing the practical component of this this.

TSANZ looks forward to working with the Department to further develop, implement, and review the NMP. Translation of this policy to relevant strategies, frameworks, and advice is crucial to its success. A fulsome plan with rollout milestones and associated costings should be considered. This should be developed in partnership with stakeholders and with the community in order to improve application and to ensure feasibility.